

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/01/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155133		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 07/01/2011	
NAME OF PROVIDER OR SUPPLIER  COLUMBUS HEALTH AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 2100 MIDWAY STREET COLUMBUS, IN47201			
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F0000	<p>This visit was for the Recertification and State Licensure Survey.</p> <p>This visit was conducted in conjunction with a Post Survey Revisit (PSR) to the investigation of Complaints IN00090530 and IN00090794 completed on 6-8-11.</p> <p>Survey dates: June 27, 28, 29, 30 and July 1, 2011</p> <p>Facility number: 000058 Provider number: 155133 AIM number: 100283340</p> <p>Survey team: Penny Marlatt, RN, TC Diana Sidell, RN Leslie Parrett, RN (6-27, 6-28, 6-29, and 6-30-2011)</p> <p>Census bed type: SNF/NF: 169 Total: 169</p> <p>Census payor type: Medicare: 19 Medicaid: 129 Other: 21 Total: 169</p> <p>Sample: 26</p>			F0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0164 SS=D	<p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed 7/7/11 Cathy Emswiller RN</p> <p>The resident has the right to personal privacy and confidentiality of his or her personal and clinical records.</p> <p>Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.</p> <p>Except as provided in paragraph (e)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility.</p> <p>The resident's right to refuse release of personal and clinical records does not apply when the resident is transferred to another health care institution; or record release is required by law.</p> <p>The facility must keep confidential all information contained in the resident's records, regardless of the form or storage methods, except when release is required by transfer to another healthcare institution; law; third party payment contract; or the resident. Based on observation and record review, the facility failed to ensure the privacy of</p>			F0164	<p>Resident #23 will be afforded privacy during provision of care. The nurse responsible for</p>		08/03/2011

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	<p>a resident was honored during care as evidenced by the privacy curtains and door to the hallway were left open during the administration of two injectable medications. This deficient practice affected 1 of 8 residents reviewed for privacy and dignity issues in a sample of 23. (Resident # 23)</p> <p>Findings include:</p> <p>On 6-28-11 at 8:10 a.m., during a medication pass observation, RN #1 was observed preparing the morning medications for Resident #23, which included two injectable medications, specifically Humalog insulin and Levemir insulin. After RN #1 administered the resident's oral medications, she prepared to administer the two injectable medications. The privacy curtains and the door to the hallway remained fully opened. She asked Resident #1 where she would like to receive the injections, to which the resident replied, "It doesn't matter. I guess my arm, " indicating her left arm. RN #1 administered the injectable medications as the resident requested. The privacy curtain and door to the hall remained fully open.</p> <p>A policy entitled, "Resident Rights - Federal" with an activation date of 5-1-04 was provided by the Director of Nursing</p>				<p>medication administration during observation has been counseled regarding ensuring privacy during treatments. Columbus Health and Rehabilitation will ensure the privacy of a resident during care. Licensed staff will receive in-service training on providing privacy during provision of care. In addition, resident will be interviewed using the QIS question related to privacy and care. Identified concerns will be addressed. Director of Nursing Services or designee will perform rounds daily to monitor compliance with policy regarding provision of privacy. An audit tool will be used to document this. The results of those audits will be reviewed at Performance Improvement monthly until 3 consecutive months of compliance with F164 is achieved. Quarterly thereafter, compliance with F164 will be ensured through completion of Abaqis resident and family interviews and resident observations. 8/3/2011</p>		

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F0253 SS=D	<p>Services (DNS) on 6-27-11 at 12:15 p.m. This policy, under section (e) Privacy and confidentiality, indicated "The Resident has the right to personal privacy and confidentiality...Personal privacy includes accommodations, medical treatment...personal care."</p> <p>A policy entitled, "Resident's Rights - Indiana," with an activation date of 5-1-04 was provided by the DNS on 6-27-11 at 12:15 p.m. This policy indicated, under section (y), "Residents have the right to be treated as individuals with consideration and respect for their privacy. Privacy shall be afforded for at least the following...(3) Physical examinations and treatments."</p> <p>3.1-3(p)(2) 3.1-3(p)(4)</p>						
	<p>The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. Based on observation and interview, the facility failed to maintain a sanitary and comfortable environment by not cleaning light fixtures of insects on 2 of 5 units toured (Moving Forward and Independence Units) and 2 observations over 2 days of cigarette butts littering</p>			F0253	<p>The bugs in the lights on Moving Forward and Independence Units were removed during survey and fixtures were cleaned. The designated smoking area was cleaned of all cigarette butts during the survey. An inspection of all light fixtures has been completed throughout the building</p>		08/03/2011

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	<p>smoking patio.</p> <p>Findings include:</p> <p>On 6/28/11 at 4:45 p.m. during observation on the Moving Forward Unit, observed numerous insects in 7 light fixtures in the lounge/dinning room area, several small black hard shelled bugs and several spiders in each of the 7 light fixtures were observed.</p> <p>During observation on 6/29/11 at 12:30 p.m., the smoking patio was observed to have numerous cigarette butts littering the patio and along the foundation of 2 walls of the building. Two patio tables each had a large ashtray on them and a plastic stand up ashtray in the middle of the patio for the wheelchair residents.</p> <p>On 6/30/11 at 8:35 a.m., the Executive Director provided Pest Control Company Log dated 6/30 11 and indicated "tested area." The Executive Director indicated the Pest Control Company had sprayed the building for insects.</p> <p>During the environmental tour on 6/30/11 at 9:50 a.m. with the Maintenance Supervisor, Executive Director and the Environmental Director, an observation on the Independence Unit indicated several small black shelled bugs and</p>			<p>and all insects have been removed and fixture cleaned. Inspection for smoking area cleanliness continues. Housekeeping and Maintenance Supervisors / designee conduct an audit environmental rounds weekly, identify areas which need cleaning, and develop a schedule for routine cleaning to address these areas. Housekeeping Supervisor will in-service department staff on proper housekeeping procedures. The Staff Development Coordinator or designated will in-service staff on identifying and reporting maintenance/housekeeping concerns via work order form. Housekeeping and Maintenance Supervisor will monitor through environmental rounds on a weekly basis to ensure that the facility is maintained in a clean and comfortable manner. The results of those rounds/audits will be reviewed during Performance Improvement until 3 consecutive months of compliance with F253 is achieved. Monthly ED environmental checklist will remain on the Performance Improvement agenda. Work order summary will be reviewed monthly until 3 consecutive months of compliance with F253 is achieved. Monthly ED environmental checklist will remain on the Performance Improvement agenda.</p>			

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	<p>spiders in 2 light fixtures in the dining room. An observation of the south hall of the Moving Forward unit indicated 3 light fixtures with several black hard shelled bugs and a few spiders in them.</p> <p>An observation indicated 2 cigarette butts along the foundation of the building. An observation of the area along the edge of the patio below the fence, indicated numerous cigarette butts littering the area.</p> <p>The Maintenance Director indicated during the tour of the facility that all light fixtures and the smokers' patio would be cleaned immediately. During an interview at that time with the Executive Director and the Maintenance Director, they indicated the pest company had been called was in the building today (6/30/11).</p> <p>Review of the Pest Control policy provided on 6/30/11 at 6:23 p.m. by the Director of Nursing Services indicated, "Procedure 1. Conduct routine inspections for evidence of pests. 2. Report the following insect or pest related information to the housekeeping/maintenance supervisor: a. Type of Problem b. Location c. Person reporting and d. Time Reported</p>						

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F0387 SS=E	<p>3. Document problems found during inspections and the remedial actions taken.</p> <p>4. Train employees on preventative measures, unsanitary conditions, etc.</p> <p>5. Contract with a licensed pest control vendor...</p> <p>10. Keep center grounds free of trash"...</p> <p>3.1-19(f)(4)</p> <p>3.1-19(f)(5)</p> <p>The resident must be seen by a physician at least once every 30 days for the first 90 days after admission, and at least once every 60 days thereafter.</p> <p>A physician visit is considered timely if it occurs not later than 10 days after the date the visit was required.</p> <p>Based on interview and record review, the facility failed to ensure physician visits were conducted timely in that residents did not have physician visits every 30 days for the first 90 days after admission, and then every 60 days. This affected 5 of 15 residents reviewed for timely physician visits in a sample of 23. (Residents #38, 115, 88, 124, and 27)</p> <p>Findings include:</p> <p>1. Resident #38's record was reviewed on</p>			F0387	<p>Residents #38, 115, 88, 124, and 27 have been seen by a physician. An audit will be performed to determine timeliness of physician visits. A schedule of physician visits will be kept and a reminder letter will be sent to the physician by the medical records clerk/designee. Licensed Staff will be in-serviced on the physician visit standard and the new tracking system. Primary physician will be notified as date of required visit approaches. If attending physician is unable to</p>		08/03/2011

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	<p>7/1/11 at 11:05 a.m. The record indicated Resident #38 was admitted on 4/1/11 with diagnoses that included, but were not limited to, end stage chronic obstructive pulmonary disease, diabetes mellitus, congestive heart failure, and anemia.</p> <p>Physician's progress notes indicated the physician visited on 6/8/11; 9 weeks after admission and 5 weeks late.</p> <p>2. Resident #115's record was reviewed on 7/1/11 at 9:04 a.m. The record indicated Resident #115 was admitted on 6/17/09 with diagnoses that included, but were not limited to, aspiration pneumonia, difficulty swallowing, depression, anxiety, coronary artery disease, and anemia.</p> <p>Physician's progress notes indicated physician visits on 8/19/10 and 1/19/11; a 5 month gap between visits.</p> <p>Physician's progress notes indicated the next physician visit was on 5/18/11; a 4 month gap between the visits.</p> <p>3. Resident #88's record was reviewed on 7/1/11 at 11:35 a.m. The record indicated Resident #88 was admitted on 3/13/07 with diagnoses that included, but were not limited to, congestive heart failure, high blood pressure, asthma, seizure disorder, and depression.</p>				<p>see the resident within the required timeframe, the resident will be seen by the Medical Director within the required timeframe. The findings of the audit will be discussed monthly at the Performance Improvement meeting until 3 consecutive months of compliance with F387 is achieved. Quarterly thereafter, compliance with F387 will be ensured through completion of Abaqis record reviews. The Executive Director/ Medical Director will be responsible for compliance. 8/3/2011</p>		



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	<p>Physician's progress notes indicated physician visits were made on 10/7/10 and 1/13/11; a lapse of 3 months between the visits.</p> <p>Physician's progress notes indicated no physician visits were made between 1/13/11 and 4/28/11; a lapse of 3 months between visits.</p> <p>4. Resident #27's clinical record was reviewed on 6-27-11 at 3:42 p.m. Her clinical record indicated she was admitted to the facility on 1-29-08. Her current diagnoses include, but are not limited to CVA (cerebrovascular accident or stroke), swallowing disorder, COPD (chronic obstructive pulmonary disorder or lung problems), diastolic heart failure, atrial fibrillation (heart rhythm disorder), aortic aneurysm, chronic renal insufficiency (kidney problems), pneumonia (May 2011), generalized pain and glaucoma.</p> <p>Review of the physician visits since August, 2010 indicated Resident #27's primary care physician visited and documented visits on 8-18-10, 1-19-11, 2-7-11 and 4-20-11. During the dates 8-18-10 and 1-19-11, this indicated a lack of physician visits for a 5 month time period, or 154 days.</p>						

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	<p>A notation in the Resident Progress Notes, dated 12-8-10 at 3:00 p.m., indicated the primary care physician had been scheduled to visit Resident #27, but failed to do so. The notation indicated the facility had notified the physician's office in regard to the missed visit and the physician's office informed the facility the physician "may not visit until 01-11 sched (scheduled) visit date &amp; (and) asked NP (Nurse Practitioner) to continue to see res (resident) regularly."</p> <p>5. Resident #124's clinical record was reviewed on 6-28-11 at 3:20 p.m. His clinical record indicated he was admitted into the facility on 11-25-08. His current diagnoses included, but were not limited to hypertension (high blood pressure), chronic renal insufficiency, CVA (cerebrovascular accident or stroke), type 2 diabetes, cardiomegaly (enlargement of the heart), atrial fibrillation, carotid stenosis, BPH (benign prostate hypertrophy or prostate enlargement), urinary frequency, bladder outlet stenosis, seizure disorder, anemia and GI (gastrointestinal) bleeding.</p> <p>Review of the physician visits since June, 2010 indicated Resident #124's primary care physician visited and documented visits on 6-17-10, 10-7-10, 1-13-11 and 4-25-11. For the time period 6-17-10 to</p>						

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	<p>10-7-10, this indicated a 112 day period between visits; for the time period 10-7-10 to 1-13-11, this indicated a 98 day period between visits; for the time period 1-13-11 to 4-25-11, this indicated a 103 day period between visits.</p> <p>In an interview with LPN #2 on 6-30-11 at 9:07 a.m., she indicated she keeps track of when all physician visits are due. She indicated if the visits are not being done, then she will call their offices. She indicated that once in a while the facility will have issues with this, such as if the physician may be ill or has a family emergency. She indicated most of the physicians are very good about [keeping current] with their visits. She indicated some of the physicians use nurse practitioners and some do not. She indicated the current medical director uses the services of a contracted nurse practitioner group. She indicated for the physicians who use nurse practitioners, the nurse practitioner will see the resident monthly and as needed. She indicated the initial visit is to be with the physician.</p> <p>A policy entitled, "Physician Services," with an activation date of 4-28-10, was provided by the Director of Nursing Services on 6-29-11 at 9:20 a.m. Under the heading, "Attending Physician Responsibilities," the policy indicated,</p>						

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	<p>"The Physician (or midlevel practitioner, where states allow their use) personally visits the resident at least once every 30 days for the first 90 days after admission and at least once every 60 days thereafter...A Physician visit is considered timely if it occurs not later than 10 days after the visit was required. This however, does not affect the next due date. In a Medicare-certified center, where states allow their use, a midlevel practitioner may make every other required visit after the initial Physician visit. In a Medicaid-certified center, in accordance with state law, a midlevel practitioner may satisfy the Physician visit requirement."</p> <p>3.1-22(d)(1) 3.1-22(d)(2) 3.1-22(d)(3) 3.1-22(d)(4)</p>						

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F0412 SS=D	<p>The nursing facility must provide or obtain from an outside resource, in accordance with §483.75(h) of this part, routine (to the extent covered under the State plan); and emergency dental services to meet the needs of each resident; must, if necessary, assist the resident in making appointments; and by arranging for transportation to and from the dentist's office; and must promptly refer residents with lost or damaged dentures to a dentist.</p> <p>Based on record review and interview, the facility failed to follow up on dental recommendations after dental referrals. This affected 1 of 5 residents reviewed for dental services in a sample of 23. (Resident #115)</p> <p>Findings include:</p> <p>Resident #115's record was reviewed on 7/1/11 at 9:04 a.m. The record indicated Resident #115 was admitted with diagnoses that included, but were not limited to, aspiration pneumonia, difficulty swallowing, depression, anxiety, coronary artery disease, multiple sclerosis, quadriplegia, and anemia.</p> <p>An annual Minimum Data Set Assessment dated 6/17/11 indicated Resident #115 was independent in cognitive/decision making and required complete assistance from staff for all activities of daily living.</p> <p>A care plan dated 5/27/10, with a last</p>			F0412	<p>A dental appointment has been scheduled for Resident #115. An audit will be completed for residents of Columbus Health and Rehabilitation Center to ensure that all dental referrals have been addressed and recommendations for follow-up completed. Licensed staff will be in-serviced related to ensuring dental recommendations are followed up on. All referrals from dental appointments will be routed directly through Medical Records. Medical Records or designee will give the referrals to the DNS/designee to log and ensure the referrals are made. DNS/designee audit chart to check that referrals are in compliance. Results of referral log audit will be reviewed at Performance Improvement meeting monthly until 3 consecutive months of compliance with F412 is achieved. Thereafter, referral log audit will be completed quarterly and reviewed at Performance Improvement. 8/3/2011</p>		08/03/2011

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	<p>review date of 4/1/11 indicated a problem/need for: "ADL (activities of daily living) DEFICIT R/T (related to) DX (diagnosis) MULTIPLE SCLEROSIS AND QUADRIPLÉGIA. Goal: WILL REMAIN CLEAN AND DRY, FREE FROM ODOR THROUGH 06/29/2011. STAFF ASSIST WITH BATHING, HYGIENE, DRESSING AND GROOMING TASKS. Approach...ORAL/DENTAL CARE BID AND PRN...."</p> <p>An in-facility dental visit was completed on 1/11/11 and indicated the following recommendation: "pt (patient) advised she needs to be ref[erred] out for fillings."</p> <p>An in-facility dental visit was completed on 4/12/11 and indicated the following recommendation: "Referral written in chart for pt to go to outside DDS."</p> <p>A "Dental Referral Form" dated 4/12/11, and signed by the examining Dentist, indicated Resident #115 was referred to a "Hospital Dental" for "x-ray, eval[uation], tx (treatment)" for "Extractions - tooth # (s) any non restorable teeth...Restorations - tooth # (s) any restorable remaining teeth...Tooth # (s) 6, 9, 10, 11, and 27 (Decay). Subjective Responses: Good...Notes: x-ray, eval and treat all remaining teeth that are restorable &amp;</p>						

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	<p>extract any non restorable teeth." A note on the bottom of the form indicated: "Please try to get her into [name of hospital] Hospital Dental."</p> <p>An in-facility dental visit was completed on 5/10/11 and indicated the following recommendation: "F/U (follow up) referral, patient has not been out for referral, reflagged referral Dentist suggests [name of hospital] Hosp[ital] Dental."</p> <p>During an interview on 6/30/11 at 11:25 a.m., Resident #115 indicated she is supposed to have fillings put in her teeth, but hasn't had them yet.</p> <p>During an interview on 7/1/11 at 11:20 a.m., LPN #14 indicated the dental appointment had not been made yet, and she made an appointment for September 2011.</p> <p>3.1-24(b)</p>						

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F0441 SS=E	<p>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>Based on record review and interview, the facility failed to maintain an infection control program to help prevent the potential development and transmission of disease and infection in that:</p>			F0441	<p>Surveyor determined residents #2, 14, 89, and 22 did not receive their Mantoux on the day of admission. Licensed Staff observed to dispense medication into her hand in violation of policy</p>		08/03/2011



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	<p>A. Residents were not administered first and second step Mantoux skin tests timely or lacked documentation of the results read. This affected 4 of 7 residents reviewed for Mantoux skin tests in a sample of 23. (Residents #2, 14, 89, 22)</p> <p>B. Based on observation and record review, the facility failed to maintain an infection control program to help prevent transmission of disease and infection in that staff were observed placing pills in their bare hands while passing medications before administering them to a resident. This affected 1 of 7 residents during the medication pass. (Resident #23)</p> <p>Findings include:</p> <p>A. 1. Resident #2's record was reviewed on 6/27/11 at 3:20 p.m. The record indicated Resident #2 was admitted on 6/8/11 with diagnoses that included, but were not limited to, depression, gastroesophageal reflux disease, and colon cancer.</p> <p>A document titled "IMMUNIZATION RECORD" indicated the first step Mantoux was administered on 6/14/11; six days after admission.</p> <p>A. 2. Resident #14's record was reviewed on 6/28/11 at 4:15 p.m. The</p>				<p>was counseled. An audit of the immunization records of Columbus Health and Rehabilitation Center residents will be completed. Residents requiring Mantoux have received it. A Mantoux skin test will be placed on new residents on the day of admission; if negative the second step will be administered per policy. The results will be documented on the MAR and on the Immunization Record in the chart. Licensed Staff will receive in-service training regarding proper administration and timelines of 2 step Mantoux Testing. Licensed Staff will receive in-service training on infection control. DNS/designee will audit and conduct random observation of Licensed Staff implementation of infection control program. DNS/Designee will monitor all Immunization Records for compliance with 2 step Mantoux Testing via monthly audit until 3 consecutive months of compliance with F441 is achieved. Thereafter, compliance will be ensured quarterly through Abaqis record reviews. Results of audit/random observations for infection control will be reviewed at Performance Improvement monthly until 3 consecutive months of compliance with F441 is achieved. Compliance with F441 will remain an item on the Performance Improvement agenda going forward.8/3/2011</p>		

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	<p>record indicated Resident #14 was admitted on 5/4/11 with diagnoses that included, but were not limited to, dementia, Alzheimer's disease, diabetes mellitus, and high blood pressure.</p> <p>A document titled "IMMUNIZATION RECORD" indicated the first step Mantoux was administered on 5/5/11; one day after admission.</p> <p>During an interview on 6/30/11 at 8:35 a.m., the Director of Nurses indicated the facility has always scheduled the Mantoux for the next morning and none of their policies specify giving them the day they come in, [the policies] say "upon admission".</p> <p>No documentation of a second step Mantoux was included on the "IMMUNIZATION RECORD".</p> <p>During an interview on 6/29/11 at 10:30 a.m., the Director of Nurses indicated Resident #14 wasn't given a second step Mantoux because it was due around the time he was combative with staff and was sent out.</p> <p>Resident #14 was re-admitted on 6/6/11 and no second step Mantoux had been administered.</p>						

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	<p>A 3. Resident #89's record was reviewed on 6/28/11 at 8:37 a.m. The record indicated Resident #89 was admitted on 5/21/11 with diagnoses that included, but were not limited to, diabetes mellitus, Alzheimer's disease, dementia with behavior disturbances, difficulty swallowing, and chronic bronchitis.</p> <p>A document titled "IMMUNIZATION RECORD" indicated Resident #89's first step Mantoux had been given on 5/21/11 and read on 5/24/11. The results of the Mantoux were not documented on the Immunization record nor was the nurse's signature who read the results.</p> <p>A medication record dated 5/21/11 through 5/31/11 had one initial in the box for 5/24/11, but had no results documented.</p> <p>A. 4. Resident # 22's clinical record was reviewed on 6-29-11 at 11:55 a.m. His clinical record indicated he was admitted to the facility on 6-23-11. Review of a document entitled, "Immunization Record" indicated he was given an initial Mantoux test (test for TB or tuberculosis) on the day after admission on 6-24-11.</p> <p>In an interview with the Director of Nursing Services (DNS) on 6-30-11 at 9:10 a.m., she indicated she does not have a specific policy on the timing of when to</p>						

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	<p>administer Mantoux tests to residents. She indicated the initial Mantoux tests may be late by a day or so due to the area hospital no longer administers the initial Mantoux tests to residents who are to be discharged from the hospital to a nursing home. She indicated she was informed of this in February or March, 2011.</p> <p>In an interview with the DNS on 6-30-11 at 9:15 a.m., she indicated she could not give a specific reason for Resident #22 not receiving his initial Mantoux test. She indicated it may be related to the area hospital no longer providing the initial Mantoux test.</p> <p>A policy entitled, "Reading the Mantoux Tuberculin Skin Test," with a review date of 10-31-10, was provided by the DNS on 7-1-11 at 3:35 p.m. This policy indicated, "Baseline testing for M. tuberculosis infection is recommended for newly hired healthcare workers and/or newly admitted resident (sic) unless otherwise indicated...Serial testing is not required annually, if the center is considered a "Low Risk setting by a Center Risk Assessment for TB." This policy provided detailed information of how and when to read the Mantoux test, after the test had been administered. This policy did not indicate when the test should be given in regard to a resident's admission</p>						

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	<p>date.</p> <p>A policy entitled "Administering the Mantoux Tuberculin Skin Test (TST)," with a review date of 10-31-10, was provided by the DNS on 6-29-11 at 9:20 a.m. This policy indicated how to administer the Mantoux test, but did not indicate when the test should be given in regard to a resident's admission date.</p> <p>B. Immediately prior to a Medication Observation on 6-28-11 at 8:10 a.m., RN #1 was observed removing 2 separate medications, pills or capsules, from the medication card in which they were stored and dispensing them into her bare hand and then into a medication cup. This was done prior to administering the same medications to Resident #23.</p> <p>A policy entitled, "Medication Administration," with a revision date of 10-31-10, was provided by the DNS on 6-29-11 at 9:58 a.m. Under the heading of "Procedure," item 10.b. indicated, "Pour the prescribed dosage(s) from the container, and place in a souffle cup or calibrated liquid measure cup."</p> <p>3.1-18(b) 3.1-18(b)(1) 3.1-18(e) 3.1-18(f)</p>						

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F9999	<p>3.1-14 PERSONNEL</p> <p>(t) A physical examination shall be required for each employee of a facility within one (1) month prior to employment. The examination shall include a tuberculin skin test, using the Mantoux method (5 TU PPD), administered by persons having documentation of training from a department-approved course of instruction in intradermal tuberculin skin testing, reading, and recording, unless a previously positive reaction can be documented. The result shall be recorded in millimeters of induration with the date given, date read, and by whom administered. The tuberculin skin test must be read prior to the employee starting work. The facility must assure the following:</p> <p>(1) At the time of employment, or within one (1) prior to employment, and at least annually thereafter, employees and nonpaid personnel of facilities shall be screened for tuberculosis. For health care workers who have not had a documented negative tuberculin skin test result during</p>			F9999	<p>An audit of employee files has been completed for employee physicals and proper Mantoux Testing. Any identified issues will be corrected. New employees will receive a physical and Mantoux Testing within 1 month prior to the first day of orientation. A second step Mantoux will be placed 1-3 weeks after first step if results were negative. The Staff Development Coordinator / designee will ensure that no one starts orientation without pre-employment physical and Mantoux. Employee files will be audited by The Staff Development Coordinator / designee to ensure pre-employment requirements are met. The Staff Development Coordinator / designee will audit new hire files to ensure these pre-employment requirements are met. Audits of employee files will be reviewed at Performance Improvement until 3 consecutive months of compliance with Pre-employment physicals and Mantoux testing is achieved. Thereafter, Compliance with Pre-employment physicals and mantoux testing will be ensured through routine regional SDC auditing.8/3/2011</p>		08/03/2011

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	<p>the preceding twelve (12) months, the baseline tuberculin skin testing should employ the two-step method. If the first step is negative, a second test should be performed one (1) to three (3) weeks after the first step. The frequency of testing of repeat testing will depend on the risk of infection with tuberculosis.</p> <p>(2) All employees who have a positive reaction to the skin test shall be required to have a chest x-ray and other physical and laboratory examinations in order to complete a diagnosis.</p> <p>(3) The facility shall maintain a health record that includes the following:</p> <p>(A) a report of the preemployment physical examination.</p> <p>(B) reports of all employment-related health examinations.</p> <p>This state rule was not met as evidenced by:</p> <p>A. Based on record review and interview, the facility failed to ensure appropriate and timely pre-employment physicals were conducted for 7 of 9 employees reviewed for pre-employment physicals. (SW #3, CNA #4, CNA #5, CNA #7, CNA #8, RN #10 and Dietary Staff #11)</p> <p>B. Based on record review and interview, the facility failed to ensure timely pre-employment Mantoux testing was</p>						

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	<p>conducted for 1 of 9 employees reviewed for Mantoux testing. (CNA #4)</p> <p>Findings include:</p> <p>A. Review of the personnel records of the following employees indicated the following:</p> <p>-Review of SW #3's personnel file indicated a pre-employment physical was not included in the file. In interview with the Executive Director on 7-1-11 at 6:50 p.m., he indicated the facility could not locate a physical examination for SW #3.</p> <p>-Review of CNA #4's personnel file indicated she began work on 5-5-11. The pre-employment physical indicated it was conducted on 2-17-09. In interview on 7-1-11 at 6:15 p.m. with Payroll Staff #12, she indicated CNA #4 had been re-hired within 2 months of her previous employment with the facility. In this same interview, LPN #13 indicated she could not find a more current physical or Mantoux test than what was listed.</p> <p>-Review of personnel records for CNA #5, CNA #7, CNA #8 and RN #10 indicated each began work on 4-25-11 and had pre-employment physicals conducted on 4-27-11.</p>						



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	<p>-Review of the personnel record for Dietary Staff #11 indicated she began work on 5-23-11 and had a pre-employment conducted on 5-26-11.</p> <p>In interview with LPN #13 on 7-1-11 at 5:40 p.m., she indicated the hire date and start date for facility employees are the same date.</p> <p>B. In review of CNA #4's personnel record, it indicated she began work on 5-6-11. Her most recent Mantoux on file was indicated as 5-3-11. There was no previous Mantoux test on file for the last 12 months, thus should have included a second step Mantoux test 1 to 3 weeks after the initial test. In interview on 7-1-11 at 6:15 p.m. with Payroll Staff #12, she indicated CNA #4 had been re-hired within 2 months of her previous employment with the facility. In this same interview, LPN #13 indicated she could not find a more current physical or Mantoux test than what was listed.</p> <p>3.1-14(t)(1) 3.1-14(t)(2) 3.1-14(t)(3)(A) 3.1-14(t)(3)(B)</p>						

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